



WEMMH/SB/21 (4/03)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/856,745
Filing Date	September 24, 2001
First Named Inventor	Mark G. LUEHRMANN
Group Art Unit	3682
Examiner Name	Bradley J. Van Pelt
Attorney Docket Number	8016-547/8-02-12017

Total Number of Pages in this Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (<u>Appeal Notice</u> , Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 month	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	February 7, 2005

Certificate of MailingI hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: **February 7, 2005**

Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	February 7, 2005

FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.101.

Total Amount of Payment (\$ 620.00)

Complete if Known

Application Number 09/856,745
 Filing Date September 24, 2001
 First Named Inventor Mark G. LUEHRMANN
 Group Art Unit 3682
 Examiner Name Bradley J. Van Pelt
 Attorney Docket Number 8016-547/8-02-12017

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ _____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

* - 20 or HP = * x 50 = (\$) *

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

Fee Fee Paid (\$)

360 \$ 0

* -3 or HP = * x 200 = (\$) *

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

-100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S) Fee Paid (\$)

Non-English Specification.

Other: Reg for Extension of Time (1 mo.)

\$120

Notice of Appeal Fee (Large Entity)

\$500

SUBMITTED BY:

Name (Print/Type): James M. Durlacher

Registration No.: 28,840
(Attorney/Agent)

Telephone: (317) 634-3456

Signature: James M. Durlacher

Date:

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type): James M. Durlacher

Signature

James M. Durlacher

Date

February 7, 2005